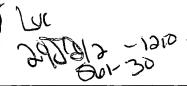
PART B-ISSUE FEE TRANSMITTAL

Complete and mail this form, together with app

le fees, to:

Box ISSUE FEE Assistant Commissioner for Paters Washington, D.C. 20231



MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on

the date indicated below. NIKAIDO MARMELSTEIN ET AL. METROPOLITAN SQUARE 655 15TH STREET NW (Depositor's name) SUITE 330 - G STREET LOBBY (Signature) WASHINGTON DC 20005-5701 (Date) **TOTAL CLAIMS DATE MAILED** APPLICATION NO. **FILING DATE EXAMINER'AND GROUP ART UNIT** 08/875,603 12/29/97 SPIVACK, 011 1614 10/27/98 First Named LUKAS-LASKEY, 35 USC 154(b) term ext. Applicant 0 Days. TITLE OF USE OF CARBAZOLE dOMPOUNDS FOR THE TREATMENT OF CONGESTIVE HEART INVENTION FAILURE **FEE DUE** ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY DATE DUE 1210. 1 P1614-7038 514-411.000 K94 UTILITY NO \$1320:08 01/27/9 2. For printing on the patent front page, list Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Nikaido, Marmelstein, Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form , Murray & Oram LLP member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no

- 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.
 - (A) NAME OF ASSIGNEE Boehringer Mannheim Pharmaceuticals Corporation Smith Kline Corporation Limited (B) RESIDENCE: (CITY & STATE OR COUNTRY) Partnership No.1
 - Gaithersburg, Maryland, U.S.A. Please check the appropriate assignee category indicated below (will not be printed on the patent)
- The COMMISSIONER OF PATERY'S AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) Req. No. (Date)
- 4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):
- XX Issue Fee

name will be printed.

XX Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to: 14-1060DEPOSIT ACCOUNT NUMBER

- (ENCLOSE AN EXTRA COPY OF THIS FORM) ☐ Issue Fee
- ☐ Advance Order # of Copies

1/22/99 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TNGUYEN1 00000100 08875603

TRANSMIT THIS FORM WITH FEE